

Indiana Diabetes Advisory Council
Quarterly Meeting
Thursday, July 12, 2007

Members Present:

Donald Orr, MD, Michael Edwards, William Evers, PhD, Bonita Strunk, RN, Linda Bailey, RN, CDE, Marilyn Winn, MT, Amy David, Dewana Allen, Julie Hammer, Anita Ohmit, Henry Rodriguez, MD, Bruce Taylor, Cherylene Hough, Russ Towner, Carrie Maffeo, PharmD, Sandra Edmond, RD, Katie Holeman-Shipp, Julie Marietta, LPN, Darlene Skelton, RN

ISDH Staff:

Sue Percifield, MSN, Laura Heinrich, RD, Rachel Weinrich, MEd, Elizabeth Hamilton-Byrd, MD, Linda Stemnock, MPH, Monica Carter, Elaine Lipscomb, PhD

Legislative Update

Diabetes Care in Schools - Phyllis Lewis, Department of Education (DOE), was unavailable and requested Mr. Brian Carnes and Ms. Laura Heinrich to provide an update to the Council on her behalf. Mr. Carnes gave an update on HB1116 that was signed by the Governor on May 4, 2007. Ms. Heinrich provided information on the Department of Education's (DOE) implementation strategy. The bill states the DOE may cooperate with the IN State Department of Health (ISDH) to develop two diabetes training programs, one for school nurses and one for volunteer health aides. DOE, with the assistance of physicians and nurses who are qualified to teach diabetes, shall provide diabetes training for school nurses annually and for volunteer health aides. Also, each student with diabetes must have an individualized health plan developed, which incorporates the components of the student's diabetes management & treatment plan developed by the health care provider. Each school corporation must report on the number of students with chronic diseases, including diabetes and asthma and other conditions determined by DOE.

The following question was raised, "In terms of implementation, what does this mean?" The response was DOE is making sure each school nurse coordinator (there is one per school corporation) has been trained through whatever training program they develop. The school nurse coordinator will then train the rest of the school nurses in the corporation. These other school nurses could also attend the DOE training.

Concerns:

- Physicians might be overwhelmed with requests for formal diabetes management & treatment plan.
- The need for consistent statewide student individualized care plans, standardized template being developed, and consistency in the training offered to school nurses.
- A Council member also mentioned school nurses at IPS were not happy about the legislation because they believe training volunteers would eliminate school nurse jobs.
- Communication to the school nurses.
- Public health nurses and health officers must be aware of the training.

Council members suggested 1) coordination of Juvenile Diabetes Research Foundation (JDRF), the American Diabetes Association (ADA), and pharmaceutical companies for providing funds and resources; 2) a peer review board consisting of diabetes specialists could review the training program for DOE; and 3) DOE could put the didactic portion on DVD and have someone show the nurses the "how to" or could stream it into the schools. This DVD or webcasting could provide consistency for DOE.

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Medicaid's Kidney Education Bill - Katie Holeman-Shipp, Medicaid, provided an overview of the new legislation which mandates kidney disease education for Medicaid's Indiana Chronic Disease Management Program (ICDMP) members. Because Medicaid members with hypertension and diabetes are at risk for kidney disease, the goal is to do preventive education for these high risk patients via letters asking if they have been told whether or not they have kidney disease. In addition, nurse care coordinators have been given GFR calculators.

Old Business

1. Advisory Council Bylaws - A brief overview of the bylaws was given and the Council members were asked to review them and be prepared to vote on accepting, rejecting, or revising the bylaws by next meeting. Also to review the membership form.
2. Spring Conference Follow-Up –Findings of the evaluation were summarized and the upcoming outcomes measurement for participants in October was mentioned. The follow up to all the participants who attended had been completed.
3. Consensus Guideline update - The one-page guidelines have been updated to the Council members. Concern was expressed regarding the use of the guidelines for children and the need to specify that the current guidelines are for adults. Suggestions were made to add a goal for physical activity and adding pharmacologic treatment for smoking cessation. The consensus was unclear about how to address physical activity in the guidelines; the action item is to consult with Dr. Monroe. The consensus regarding the addition of pharmacologic treatment for smoking cessation was not to include it in the guidelines. The typical recommendation is to quit if smoking and not to start if not currently smoking.

Discussion:

- Background materials for the guidelines and the need to remove or update these materials: The consensus was not to update the background materials to the guidelines, but instead to provide links where available to the American Diabetes Association's Clinical Practice Guidelines and American Association of Clinical Endocrinologists' Guidelines.
- Development of a diabetes toolkit with algorithms, etc. Based on the group discussion, it appears developing algorithms is not a good idea. However, there did not seem to be consensus on a toolkit – though there was a suggestion to provide a link on the ISDH web site for materials for both the health professional and the lay person. The group reached consensus on the need for a state resource directory.
- Additional suggestions regarding the guidelines included developing educational modules on each section of the guidelines and developing guidelines specific to children.

New Business

1. New Fact sheets – The new diabetes fact sheets have been updated and are currently posted to the ISDH diabetes web pages. However, new 2006 data is now available and the fact sheets will be updated soon. There was a question regarding trend data over a 5 year period to determine progress. The diabetes module of the Behavioral Risk Factor Surveillance System is done every year due to funding in the CDC cooperative agreement, so trends can be followed over time. This trend data will be included in the Burden Report.

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Discussion:

- Eye data. There is currently no system in place to report eye data. So, current information is unreliable. Some providers are not reporting or doing the follow up piece especially with eye care. As a solution to this data problem, the Eye Care Community Outreach (ECCO) is now working with Prevent Blindness. ECCO will focus on adults and Prevent Blindness will focus on children.
- Availability of county level data. ISDH is close to getting county level data because of a joint Utah and CDC project to get sub-county level data using 5 year's worth of information. This data may be used as a standard for other states to obtain county-level data. In the meantime, we could use regional data.

2. Recent Grant Opportunities - There are several organizations in Indiana that have applied for diabetes grant opportunities including the Office of Women's Health, the Office of Minority Health, and the Indiana Medical Society. There is no information on the awardees yet.

3. New 5 year Cooperative Agreement for the Diabetes Prevention and Control Program - Grant writing will begin in August and the application is due in November. There was a suggestion to look at the 2004 assessment in planning for the next cooperative agreement.

4. Other Concerns/Suggestions – Concern was expressed regarding health care insurance for 21 year olds who cannot afford insurance for diabetes care. Although all details of the Governor's HIP plan may not have been worked out yet, Secretary Mitch Roob would be a good contact person regarding questions.

SUGGESTIONS INCLUDED:

- Partnering more closely with INSHAPE for prevention of diabetes
- Addressing gestational diabetes
- Partnering with other organizations to do webcasts
- Linking to INSHAPE, Medicaid's ICDMP, Kidney Foundation on the ISDH diabetes website
- Education for pediatricians regarding children and types 1 and 2 diabetes

ACTION ITEMS:

- Review bylaws and membership form. Make any comments and suggestions and send via email to Elaine Lipscomb (elipscomb@isdh.in.gov).
- Send guidelines and diabetes fact sheets to the Council members.
- Need volunteers to review the draft Burden Report when it is complete.
- Need volunteers to develop next 5 year plan for the new cooperative agreement.
- Contact Dr. Monroe regarding physical activity in the guidelines

Meeting was adjourned at 4:00 p.m. Next meeting will be held on October 12, 2007 from 1-4 pm in Rice Auditorium, ISDH.